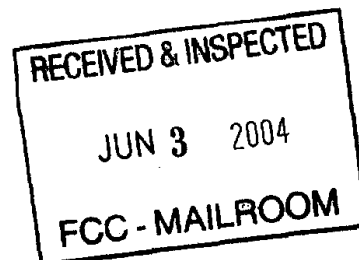


DOCKET FILE COPY ORIGINAL

Request for Waiver

Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554



CC Docket No. 02-6

Mr. Secretary,

My name is Robert Hancock, and I am the technology director and contact person responsible for filing E-rate documentation for Aubrey Independent School District. I am requesting a waiver of the 471 window for health reasons. In January of this year I was repeatedly hospitalized for heart attacks and eventually received stints in two major coronary arteries. I suffered from complications (I am diabetic with liver dysfunction) and was forced to remain in bed for extended periods. I did work with my secretary (my only employee beside my technician) to file our 471 by normal mail submission. You should have received this before the deadline but schools and libraries has no record of receiving it. I was not aware of this fact until I was preparing to file my 486 and learned that you have no record of my 471. I ask that you please examine Aubrey's filing record to verify that we have never been late on a submission or requested a waiver previous to this year. I believe that we did show do diligence in trying to return our submission by deadline especially under the circumstances, but I ask for your understanding in how in that process a mistake could be made and our submission might not reach the appropriate SLD office. Ultimately, the fault in oversight is mine and if I had the funds I would return the approximately \$8,000 lost to the district myself for our need is critical. I respectfully request that you consider waiving the 471 deadline for Aubrey ISD for this year. In accordance with the instructions of SLD personnel I have filed a second 471 application number 437072 and request that for reasons of severe impairments to health of the sole district officer with responsibilities and experience in filing for e-rate funding you consider this application as if it had been filed by deadline.

Respectfully,

A handwritten signature in dark ink, appearing to read "Robert Hancock".

Robert Hancock
Director of Technology
Aubrey Independent School District

rhancock@aubreyisd.net
(940) 365-2433 ext. 208
510 Springhill Rd.
Aubrey, Texas 76227

No. of Copies rec'd _____
List ABCDE _____

Stent Patient Implant Card

HAN COCK, Robert
Patient Name

08/16/71
Date of Birth

DAVID MAY
Implanting Physician's Name

940 320-2188
Phone Number

DENTON Community Hospital
Hospital Name

DENTON, TX 76201
City/State

1/09/04
Date of Implant

PLEASE CARRY YOUR CARD AT ALL TIMES.

This patient may be receiving Aspirin, Ticlopidine and/or Coumandin Therapy.
Please do not stop without consultation. An MRI scan should not be performed
on patients for a minimum of 8 weeks post implant.

Stent Identification Information

<p>MULTI-LINK PIXEL™ 2.5mm x 8mm REF 1005732-08 LOT 2121051 [RX]</p>	<p>MULTI-LINK ZETA™ 2.75 x 13 REF 1009832-13 LOT 3032631 [RX]</p>	<p>Affix Product Label Here or complete:</p> <p>Product Part # (REF)</p> <p>Product Lot #</p>	<p>Affix Product Label Here or complete:</p> <p>Product Part # (REF)</p> <p>Product Lot #</p>
<p>Location of First Stent</p> <p>RCA</p>	<p>Location of Second Stent</p> <p>RCA (FDA)</p>	<p>Location of Third Stent</p>	<p>Location of Fourth Stent</p>